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NORTH WALSHAM URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

including the report of the

PUBLIC HEALTH INSPECTOR

for the

YEAR 1962

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As at 31st December, 1962.

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+ Member of the Public Health Committee.

OFFICERS OF PUBLIC HEALTH DEPARTMENT.

MEDICAL OFFICER OF HEALTH

Dr. G. R. Holtby, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., D.I.H..

SURVEYOR & PUBLIC HEALTH INSPECTOR

Mr. L. J. Foster, F.F.S., A.M.I.P.H.E., M.A.P.H.I.

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NORTH WALSHAM URBAN DISTRICT COUNCIL

Council Offices,
New Road,
North Walsham,
Norfolk.

To: The Chairman and Members of the
Urban District Council.

Gentlemen,

I have the honour to present the Annual Report for the year 1962.

The Registrar General estimated the mid-year population as 5,000 compared with 4,990 last year. There were 69 live births and 60 deaths, giving a natural increase of 9.

The speed of scientific advance at the present time is so well known that it is almost commonplace. Medicine shares in its advances to the great benefit of mankind, and while many people feel that preventive medicine does not receive the fair share of the expenditure in money and effort which it deserves, it can show, like curative medicine, many great advances. The protective needle has saved countless lives and prevented a vast amount of suffering and disablement.

These great advances by the medical profession and its helpers have certain disadvantages, one of which is that people tend to adopt a child-like faith which produces a passive dependency and a "don't bother me about it, you do it for me" attitude towards the doctors and scientists.

Recently there have been signs of a swing away from this unquestioning faith and a scepticism has developed which has at times produced an intense irritation among doctors. When this scepticism is about projects such as fluoridation of the water supply, which has received probably more investigation by scientists over the last twenty or thirty years than any other subject, and which they are convinced is valuable, doctors feel a certain righteous indignation, but a thinking attitude by the public about their own health is of very great value, for all the scientific achievements in the world cannot keep a man healthy if he disobays the rules of healthy living.

It may seem old fashioned to say that the rules of healthy living are those dealing with smoking, eating, drinking and exercise, but they are in fact by reason of recent research findings completely up to date.

Comparisons of mortality from lung cancer in smokers and non-smokers show that people smoking more than forty cigarettes a day have a mortality seventy times as high as that in non-smokers. Mortality in non-smokers is very low indeed.

The mortality ratio from coronary artery disease is less marked. There is a clear association with cigarette smoking, but the gradient is less steep than with lung cancer. However, mortality from coronary disease in heavy smokers is more than twice that in non-smokers. If one considers the gradient of mortality from all causes, the ratio is rather more than twice as high for the heavy smoker as for the non-smoker. We sometimes hear it said that as we all have to die, cigarette smoking merely determines that death occurs from certain special causes rather than from others. Actually, smokers between the ages of fifty and seventy years have twice the mortality rate of non-smokers.

These figures would have little value other than to convince all adults that they should try to prevent children from starting to smoke, if it had not also been demonstrated that those who have ceased to smoke have thereby lessened their chances of disease. Men aged fifty to sixty-nine who have ceased to smoke have a lung cancer rate of about half the level of those still smoking.

It is also sometimes said that giving up smoking makes people shockingly fat, but this notion has received little support from fields study and in any case, the dangers of obesity are less than the dangers of smoking.

Nevertheless, there are distinct dangers in being overweight, and here again studies have shown that those who have reduced their weight show an improved mortality rate over those who do not reduce their weight.

The average diet in this country is definitely imbalanced. The proportion of carbo hydrates supplied by sugar and starch, particularly highly refinded sugars, is far too high, and harmful to the teeth and general health. The proportion of fat is also higher than it should be, and whilse protein is the most expensive form of food it is the most health giving. A proper supply of vatamins and minerals is also, of course, essential. Very large meals composed entirely of protein such as lean meat would, of course, lead to obesity and one sometimes sees children who are overweight because there is a family history of overeating, but usually the cause lies in the type of food eaten, and the daily bar of chocolate or packet of sweets or biscuits is something which the school child could well do without.

Alcoholism is probably not the problem which it used to be, and in moderation alcohol serves a very useful purpose as an aid to digestion when this is impaired by mental tension, but excess still remains a danger and there can be no doubt that drinking and driving do not or rather should not mix.

From all the work which has gone into the causes of coronary artery disease, one factor constantly emerges, and that is the preventive value of regular exercise. This exercise, to be really valuable should, as far as possible, involve the whole body, be deliberate and bear sensible relation to the individual's age and capabilities. Running, walking, and swimming cannot be bettered, but the regular, preferably daily practice of these recreations is important. A week-end round of golf is probaly insufficient, as is the exercise involved in getting in and out of a car or running up and down stairs during one's ordinary daily activities.

We have discussed the value of the present public interest in health matters. A deeper awareness of the statistics of health and disease could not but be of value. At present the public is not alert, for example to the comparison between road and home accidents (the latter being the more frequent) and to the relation of accidents in the home to illness in terms of incidence and after effects. If they were, they would concern themselves less with respiratory and other ills of childhood (which for the most part are relatively minor and from which recovery is usually quite rapid) and more with preventing falls and burns and poisonings to their youngsters. The fact is that more children die from accidents than the total that succumb to pneumonia, cancer, leukemia, heart disease and birth defects combined.

The public is also generally unaware of the reversibility of a high number of disease processes, even among older persons. Many people do not know for example that:-

(1) most stroke patients when treated and managed properly and promptly in hospital or home can walk again and resume their normal activities.

(2) that many coronary patients with adequate and consistent care and self-help practices can go back to their usual jobs and

(3) that a high percentage of arthritics, with patience and persistence in pursuing a suitable regimen can keep their disease under control.

With the increased awareness of the reversibility of many disease processes, if diagnosed early, should come a demand for "screening" proceedures, such as the schemes carried out already in some parts of the country to detect diabetes in people who have as yet no symptoms or any indication that they are sufferers. When disease can be detected at such an early state as this, prospects of cure or prevention of serious damage are very high.

In previous annual reports, I have commented on the problem of fatal accidents on the water which occur every year. Most of these could have been prevented if the victims had been able to swim or if they had been wearing proper buoyancy at the time. Measures to increase the number of swimmers and to convince people of the necessity of wearing proper buoyancy garments when on the water, are still the most important measures to reduce the number of these tragedies, but of almost equal importance is the teaching of methods of life saving to members of the public. One method of saving life which can be carried out by any individual, is the mouth to mouth or mouth to nose method of artificial respiration, and I would like to see this Area leading in the dissemination of information about this valuable procedure. Many people still have wrong ideas about how the victims of drowning should be treated. The old idea that water must be emptied out of the lungs before anything else can be done is apparently still sometimes held. In fact, it is quite unnecessary to do this as death from drowning is not due to the lungs filling with water. The actual mechanism in drowning is somewhat complicated and it is not necessary to go into it here, but what is important to stress is that speed is essential in getting air into the victim's lungs. The "kiss of life" should be given as soon as the victim has reached shallow water or even while he is being towed to the bank, if this is possible. It is not necessary to look for obstructions in the mouth or the throat unless the artificial respiration is evidently not having effect. One cannot give a complete description of this method of saving life without diagrams, but as it is so simple it is perhaps worth mentioning that after the first essential of speed, the next is the position of the victim's head. This is with the chin brought well forward (to prevent the tongue falling back to obstruct the airway) and the forehead well back.

I mentioned at the commencement of this report that doctors were convinced of the value of fluoridation of the water supplies as a very useful means of preventing dental decay. In some parts of the country, for example at Maldon in Essex, fluorides are naturally present to the extent of one or two parts per million in the water, and the teeth of children in these areas are much more resistant to decay than the teeth of those living in areas where there is no fluoride in the water. In four areas in this country fluorides are now being added to the water in order to copy this natural resistance to decay. There are people, who, for some reason, object to this attempt to learn from nature and insist on denying children this advantage. Where more than one and a half parts per million are present in the water some discolouration of the teeth is found, so the content of added fluoride is kept to one part per million, which prevents decay but does not cause discolouration. Education is required to make people aware of the advantages to be gained by this method of protection so that they will demand the same provision for their children as have those who live in more fortunate areas. No one would be happy to have a water supply that was not made safe, if necessary by the addition of chlorine, and the addition of fluorides generally will be a big step forward in the control of a widespread disease. Fluoridation of the water supply does not mean that other measures are unnecessary, but this is one more method, and an important one, in the prevention of dental decay.

I take this opportunity to thank the Chairman and Members of the Public Health Committee for the support which they have given to the Department throughout the year. My thanks are also due to the Clerk and other Officers for their co-operation and finally to the staff of the Public Health Department for their efficiency and loyal support.

I remain, Gentlemen,
Your obedient Servant,

G. R. HOLTBY

Medical Officer of Health.

SECTION 'A'

NATURAL AND SOCIAL CONDITIONS

AREA - (in acres) 4,256. The District consists of the town of North Walsham with a surrounding district entirely rural in character. The main industries in the town are a Canning Factory, Plastic Factory and a Laundry. The town is probably one of the most conveniently situated Market Towns in Norfolk and by virtue of its fine position it is extremely healthy. Subsoil is of sand and gravel and the town receives the bracing air from the sea, which is also close at hand.

POPULATION. The Registrar General has estimated the population for mid-year 1962 to be 5,000.

NUMBER OF INHABITED HOUSES. According to the Rate Book, the number of inhabited houses in the District is 1856, the rateable value being £62,856. The sum represented by a penny rate is £258.

SUMMARY OF VITAL STATISTICS

Area in acres	4,256
Population (Registrar General's mid-year estimate)	5,000
No. of Inhabited Houses according to the Rate Book	1,856
Rateable value of all premises	£62,856
Sum represented by a penny rate	£258

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	North Walsham U.D.C.	England and Wales
Live Births	69	
Live Birth rate per 1,000 population	13.7	18.0
Illegitimate live births per cent of total live births	2.9	
Still births	3	
Still birth rate per 1,000 live and still births	41.6	18.1
Total live and still births	72	
Infant deaths	Nil	
Infant mortality rate per 1,000 live births - total	Nil	21.4
Infant mortality rate per 1,000 live births - legitimate	Nil	
Infant mortality rate per 1,000 live births - illegitimate	Nil	
Neo Natal mortality rate per 1,000 live births (first four weeks)	Nil	
Early Neo-natal mortality rate (deaths under one week per 1,000 total live births)	Nil	
Pre-natal mortality rate (still births and deaths under one week combined per 1,000 total live and still births)	Nil	
Maternal deaths (including abortion)	Nil	
Maternal mortality rate per 1,000 live and still births	Nil	

BIRTH RATE, DEATH RATE, ANALYSIS OF MORTALITY AND CASE RATES

FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1962

	England & Wales	North Walsham U.D.C. (crude)
	Rates per 1,000 population	
BIRTHS		
LIVE	18.0	13.7
STILL	18.1 (a)	41.6 (a)
DEATHS		
All causes	11.9	12.0
Whooping Cough	0.00	0.00
Diphtheria	0.00	0.00
Tuberculosis	0.07	0.00
Influenza	0.15	0.00
Acute Poliomyelitis (including Polioencephalitis)	0.00	0.00
Pneumonia	0.65	0.20
Bronchitis		0.20

NOTIFICATIONS (Corrected)	North Walsham U.D.C. Rates per 1,000 population
Tuberculosis	0.00
Scarlet Fever	0.20
Measles	0.40
Puerperal Pyrexia	0.20
Infective Hepatitis	0.00

DEATHS

	England & Wales	North Walsham U.D.C.
All causes under 1 year of age (b)	21.4	Nil.

NOTE: (a) per 1,000 total (live & still) births
(b) per 1,000 total live births

INDIVIDUAL CAUSES OF DEATH.

		MALE	FEMALE	TOTAL
1.	Tuberculosis - respiratory	-	-	-
2.	Tuberculosis - other	-	-	-
3.	Syphilitic disease	-	-	-
4.	Diphtheria	-	-	-
5.	Whooping Cough	-	-	-
6.	Meningococcal infections	-	-	-
7.	Acute Poliomyelitis	-	-	-
8.	Measles	-	-	-
9.	Other infection and parasitic diseases	-	1	1
10.	Malignant neoplasm of stomach	1	-	1
11.	Malignant neoplasm of Lungs and Bronchus	4	-	4
12.	Malignant neoplasm of breast	-	1	1
13.	Malignant neoplasm of uterus	-	-	-
14.	Other malignant and lymphatic neoplasms	5	-	5
15.	Leukaemia, aleukaemia	-	-	-
16.	Diabetes	-	-	-
17.	Vascular lesions of nervous system	7	5	12
18.	Coronary disease - angina	4	3	7
19.	Hypertension with heart disease	-	-	-
20.	Other heart diseases	3	6	9
21.	Other circulatory diseases	1	2	3
22.	Influenza	-	-	-
23.	Pneumonia	-	1	1
24.	Bronchitis	1	-	1
25.	Other diseases of respiratory system	-	-	-
26.	Ulcer of stomach and duodenum	1	-	1
27.	Gastritis, enteritis and diarrhoea	-	-	-
28.	Nephritis and nephrosis	1	-	1
29.	Hyperplasia of prostate	1	-	1
30.	Pregnancy, childbirth and abortion	-	-	-
31.	Congenital malformation	-	-	-
32.	Other defined and ill-defined diseases	1	7	8
33.	Motor vehicle accidents	1	-	1
34.	All other accidents	-	2	2
35.	Suicide	1	-	1
36.	Homicide and operations of war	-	-	-
	All causes	32	28	60

VITAL STATISTICS OF THE DISTRICT FOR 1962 AND PREVIOUS YEARS

Comparative table with England and Wales for past ten years

	Birth rate per 1000 population		Death rate per 1000 population		Infant Mortality rate per 1000 population	
Year	England & Wales	N. Walsham U.D.C.	England & Wales	N. Walsham U.D.C.	England & Wales	N. Walsham U.D.C.
1953	15.5	13.78	11.4	10.4	26.8	30.7
1954	15.2	14.55	11.3	12.70	25.5	Nil
1955	15.0	12.53	11.7	10.44	24.9	16.7
1956	15.7	11.04	11.7	11.06	23.8	Nil
1957	16.1	14.61	11.5	10.44	23.0	14.3
1958	16.4	13.12	11.7	15.2	22.5	47.6
1959	16.5	16.1	11.6	15.9	22.0	39.0
1960	17.1	14.3	11.5	12.5	21.7	Nil
1961	17.4	13.6	12.0	16.2	21.6	Nil
1962	18.0	13.7	11.9	12.0	21.4	Nil

SECTION 'B'

GENERAL PROVISION OF HEALTH SERVICES

North Walsham Urban District is included with Smallburgh Rural District and Blofield and Flegg Rural District to form No. 1 Area of Norfolk County Council for the purpose of carrying out the duties for which the County Health Authority has accepted responsibility under the National Health Service Act, 1946. These include the care of Mothers and Young Children, Midwifery Service, Health Visiting Service, Home Nursing Service, Vaccination and Immunisation, Prevention of Illness, Care and After-care, Domestic Health Service and Mental Health Service. Some of these services, along with the School Health Service in the area, are the responsibility of the Area Medical Officer, who also acts as Medical Officer of Health of the three County Districts comprising Area No. 1 referred to above.

NATIONAL HEALTH SERVICE ACT, 1946

Local Health Services under Part III

Home Nursing, Midwifery, and Health Visiting

These are attended by two District Nurses and one Health Visitor.

Infant Welfare Centre - George Edwards Memorial Hall,
North Walsham (second Thursday each month)

A centre is established at the North Walsham Secondary Modern School for :-

Dental Clinic	4 sessions weekly
Speech Clinic	1 session weekly

General Welfare Services are under the supervision of the Norfolk County Council's Local Welfare Officer, Mr. D. R. Ingham, whose office, established in the North Walsham Council Offices, is attended daily. The Welfare Officer deals with admissions of aged persons to County Homes and Hostels and admission to Mental Hospitals, M.D. Hospitals, etc.

HOME HELP SERVICE The Home Help Service is administered from the Area Local Health Office, Aspland Road, Norwich. Applications for assistance are addressed to the Welfare Officer at his North Walsham office. In addition to cases dealt with under this service, the Welfare Officer is able to arrange for other cases to be assisted by obtaining Domestic Assistance Allowance from the National Assistance Board.

AMBULANCE FACILITIES. The maintenance of an adequate ambulance service is the liability of the Norfolk County Council. This duty is discharged through the St. John Ambulance Brigade and the British Red Cross Society on substantially the same lines as those operating before the 5th July, 1948.

VACCINATION AND IMMUNISATION. These are carried out by the General Medical Practitioners and by Assistant County Medical Officers.

LABORATORY FACILITIES. Facilities for laboratory investigation are to be had at the Public Health Laboratory, Bowthorpe Road, Norwich.

NATIONAL ASSISTANCE ACT, 1948 (Section 47) (Removal to suitable Premises of persons in need of Care and Attention)
No action was necessary during the year.

SECTION 'C'

SANITARY CIRCUMSTANCES IN THE DISTRICT

WATER SUPPLY

Source. All main water is pumped from underground workings in chalk deposits at the Southern end of the Town. It is passed through Candy filters for the removal of iron and chlorination is carried out giving a residual of 0.2 parts per million. The water is then stored in two water towers before distribution. Outlying districts of the town are still supplied by shallow wells to individual properties.

The link watermain from Felmingham, referred to in last year's report, has been completed, and brought into use. No restrictions on hosepipes, etc., were imposed during the year.

A 3" diameter watermain is being laid from the Smallburgh Rural District, to serve approximately twelve properties in the Little London Area. Watermains are being laid for housing development at Royston Green, Farman Avenue, Bacton Road and Bradfield Road.

Tests. 18 bacteriological samples of mains water were taken and were reported upon as being excellent. 1 chemical analysis of mains was made during the year and was found to be satisfactory.

SEWERAGE

Negotiations for the new trade effluent agreement with Norfolk Canneries Ltd., have reached a final stage, and it is anticipated that this Agreement will be completed early in 1963. This includes the extension of the Sewage Disposal Works and the duplication of the outfall sewer between Bacton Road and the Works.

Trade waste continued to be accepted from the Norfolk Canneries, Ltd., and the North Walsham Steam Laundry Co. Ltd..

The Canneries continued to co-operate throughout the year in taking care to use their balancing tanks so that effluent from the works is discharged evenly throughout a 24 hour day.

SEWAGE WORKS. In order to relieve the loading on the filter beds the system of recirculation of final effluent back to the inlet side of the filters was maintained during the year.

NIGHT SOIL COLLECTION. This has been fully maintained and at the end of the year 7 properties were being served. These properties are scattered in Spa Common and White Horse Common and remain so because of the difficulty and great expense involved in installing pumping mains to reach the existing sewage works.

PUBLIC SANITARY ACCOMMODATION. Sanitary accommodation in The Butchery and in the Memorial Park was maintained satisfactorily during the year.

POLLUTION OF RIVERS AND STREAMS. Drainage ditches were inspected during the year and cleaned out as necessary. Effluent discharged from the sewage works continued to be reported upon from time to time as falling below the Royal Commission's standard and an overflow of sewage continued to be discharged improperly from the overloaded Bacton Road sewer during the period of heavy effluent discharge from the Norfolk Canneries, ltd.

PREVENTION OF DAMAGE BY PESTS ACT, 1949. One part-time trained Rodent Operator is employed by the Council for the destruction of rats and mice, and the methods used are those recommended by the Ministry of Agriculture. All of the Council's properties, sewers, refuse tips and sewage works received disinfestation treatment.

COLLECTION AND DISPOSAL OF REFUSE. Collection of domestic and trade refuse was carried out satisfactorily during the year. Controlled tipping continued to be carried out at Worstead and in addition, occasional tipping was carried out at the new tip in Skeyton. One side-loading refuse collection vehicle was in use and a regular weekly collection of refuse, both domestic and trade was maintained.

SECTION 'D'

HOUSING

IMPROVEMENT GRANTS. The Council made Improvement Grants in accordance with the provisions of the Housing Acts, eight Stnadard Grants and five Discretionary Grants having been authorised by the end of the year.

COUNCIL HOUSES. Two pairs of chalet type houses at Happisburgh Road were completed. Work was begun on the Contract for the erection of eight semi-detached houses, together with a shop and house at Bradfield Road.

PRIVATE DWELLINGS. 77 houses were completed during the year and 17 more were in course of erection at the end of the year.

PRIVATE DEVELOPMENT SITE. The Council continued with the development of eighteen plots for private dwellings on a site of 3.32 acres in Yarmouth Road. At the end of the year fourteen houses had been erected there.

SECTION 'E'

INSPECTION AND SUPERVISION OF FOOD

MEAT INSPECTION. A new slaughterhouse at Laundry Loke was brought into use and the old slaughter-house was closed. Meat inspections were carried out regularly by the Public Health Inspector.

ICE CREAM. 34 samples were taken, all falling within Category Grade I.

MILK. 14 samples were taken during the year, all of which were satisfactory.

FOOD PREMISES. Routine inspections of food premises continued to be made and advice given where necessary relating to the conduct of food premises and the handling of food for sale in accordance with the provisions of the Hygiene Regulations made under the Food and Drugs Act, 1955. By means of posters and circulars the attention of food traders was drawn to the importance of preventing contamination of the food by flies, dirt, infected hands and other sources.
A quantity of unsound food was dealt with and after condemnation was delivered to the Council's refuse tip for destruction.

The number of food premises registered under Section 24 of the Food and Drugs Act, 1930, were as follows:-

Premises registered for sale of Ice Cream	16
Premises registered for sale of meat, sausages, preserved food, etc.	10

Carcases and Offal Inspected and Condemned in whole or in part during 1962.

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	115	-	-	317	312	-
Number inspected	115	-	-	317	312	-
All diseases except tuberculosis and cystercerci						
Whole carcases condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	2	-	-	-	-	-
Percentage of the number inspected affected with diseases other than tuberculosis and cystercerci	1.74	-	-	-	-	-
Tuberculosis only						
Whole carcases condemned	-	-	-	-	-	-
Carcases of which some part or organ was condemned	-	-	-	-	2	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	0.64	-
Cysticerosis						
Carcases of which some part or organ was condemned	-	-	-	-	-	-
Carcases submitted to treatment by refrigeration	-	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

SECTION 'F'

PREVENTION AND CONTROL OF INFECTIOUS DISEASES

NOTIFICATIONS (Corrected)

Scarlet Fever	1	Acute Encephalitis Infectious	-
Whooping Cough	19	Post Infectious	-
Poliomyelitis:		Enteric or Typhoid Fever	-
Paralytic	-	Paratyphoid Fever	-
Non-paralytic	-	Erysipelas	-
Mealses	2	Meningococcal Infection	-
Diphtheria	-	Food Poisoning	-
Acute Pneumonia	-	Enteritis	-
Dysentery	-	Malaria	-
Smallpox	-	Tuberculosis Pulmonary	-
Puerperal Pyrexia	1	Non-Pulmonary	—
Infective Hepatitis	-	Ophthalmia neonatorum	1

SECTION 'F'

Whooping Cough.

19 cases were notified compared with nil last year. This is rather disappointing but the disease is much less of a problem than it was a few years ago. I strongly recommend that all children be immunised against the complaint by means of the "triple" vaccine which protects also against Tetanus and Diphtheria. In our Infant Welfare Clinics we give the first injection at three months, and the second and third, at four and five months respectively.

Measles.

2 cases were notified compared with 234 last year. Although our numbers are small our records over the last few years tend to support the theory that this disease occurs in epidemic form in alternate years. We still wait for a satisfactory vaccine against this disease. The Ministry of Health has as yet refused to authorise the use of the vaccines so far produced as there have been some disadvantages including undesirable side effects.

Scarlet Fever.

1 case was notified compared with 2 last year. In recent years there has been a considerable increase in the number of cases of Rheumatic Fever treated at the Jenny Lind Hospital, and I have had some correspondence with the Ministry of Health about this, but the notifications from other parts of the country do not support the idea that there has been a general increase in incidence.

Puerperal Pyrexia.

1 case was notified, the same as last year.

Ophthalmia Neonatorum.

1 case was notified. This is infection of the eyes in the new born child and usually responds well to modern methods of treatment.

TUBERCULOSIS

The following are the Mortality Rates :-

Pulmonary Tuberculosis Mortality Rate - Nil per 1000 population

Non Pulmonary Tuberculosis Mortality Rate - Nil per 1000 population

NEW CASES OF TUBERCULOSIS NOTIFIED DURING 1962

Ages	Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females
Under 5 years	-	-	-	-
5 - 14 years	-	-	-	-
15 - 24 years	-	-	-	-
25 - 44 years	-	-	-	-
45 - 64 years	-	-	-	-
65 and over	-	-	-	-
	-	-	-	-

NUMBER OF CASES OF TUBERCULOSIS ON REGISTER AT

31st December, 1962

	Pulmonary		Non-Pulmonary		Total	
	Males	Females	Males	Females	Males	Females
31st Dec. 1962	14	10	3	4	17	14
31st Dec. 1961	12	9	3	4	15	13
31st Dec. 1960	11	2	9	4	20	6
31st Dec. 1959	11	2	9	4	20	6
31st Dec. 1958	11	12	2	4	13	16

DIPHTHERIA IMMUNISATION.

The following is the number of primary immunisations and booster doses given during the last five years in Area No. 1.

YEAR	Primary Injections				Booster Injections		
	Under 1	%	Age 1-4	Ages 5-14	Under 5	Ages 5-14	TOTALS
1962	610	82	67	90	47	354	1168
1961	580	77.6	113	309	49	1700	2751
1960	463	67	175	238	37	1046	1959
1959	358	50	64	15	20	53	510
1958	305	44	61	9	53	55	483

SMALLPOX VACCINATION

Vaccination of children under 5 years of age during the last five years in Area No. 1.

YEAR	1958	1959	1960	1961	1962
No. of live births registered.	694	713	692	748	744
No. of Vaccinations recorded (0-4 years)	449	375	445	475	620
Percentage Vaccinated.	65%	53%	64%	63.5%	83%

VACCINATION AGAINST POLIOMYELITIS.

The following is the number of primary immunisations and booster doses given during the last five years in Area No. 1.

YEAR	PRIMARY			BOOSTER (3)		BOOSTER (4)	
	Children under 15 years	Adults	TOTAL	Children under 15 years	Adults	Children 5-11 yrs.	TOTAL
1962	1157	1531	2688	1017	1687	653	3.357
1961	1112	1570	2682	835	1130	3526	5491
1960	786	1201	1987	1400	2102	-	3502
1959	1759	2311	4070	5793	1231	-	7024
1958	6665	225	6890	1707	-	-	1707

FACTORIES ACTS, 1937 and 1948

PART I OF THE ACT

1. INSPECTIONS for the purposes of provisions as to health (including inspections made by the Public Health Inspector)

Premises (1)		M/C Line (2)	No. on Register (3)	Inspections (4)	Number of Written Notices (5)	Occupiers Prosecuted (6)
(i)	Factories in which Sec. 1, 2, 3, 4 & 6 are to be enforced by Local Authority	-	22	25	-	-
(ii)	Factories not included in (i) in which Sec.7 is enforced by Local Authority	-	37	37	-	-
(iii)	Other premises in which Sec.7 is enforced by Local Authority (excluding out workers premises)	-	-	-	-	-
	Total	-	59	62	-	-

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	Found	Remedied	Referred		No. of cases in which prosecutions were instituted.
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness	2	2	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage to floors	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including offences relating to outwork)	-	-	-	-	-
Total	2	2	-	-	-

OUTWORK

NIL

BRITISH MUSEUM